



The Journal

Vol. 28

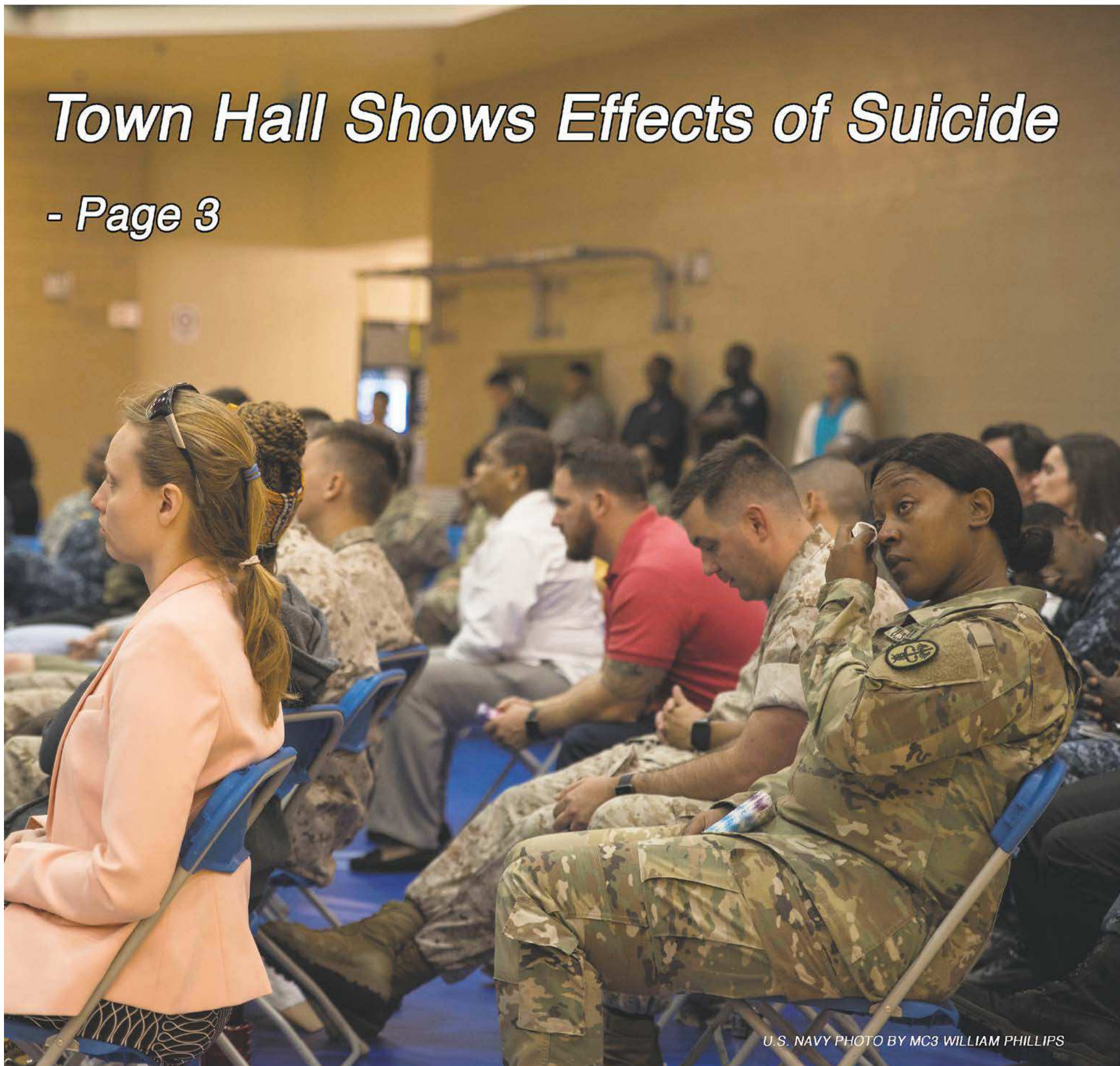
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www.dcmilitary.com/journal/

September 29, 2016

Town Hall Shows Effects of Suicide

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U.S. NAVY PHOTO BY MC3 WILLIAM PHILLIPS

Navy Announces New Suicide Prevention Program

By From Chief of Naval Personnel Public Affairs

On Sept. 16, the Navy's 21st Century Sailor Office announced the new suicide prevention program known as Sailor Assistance and Intercept for Life (SAIL), aimed at supplementing existing mental health treatment by providing continual support through the first 90 days after suicide-related behavior.

"This program is designed to boost our existing efforts to prevent suicide across the Fleet by showing there is someone that will stay in touch with them and make sure they are doing well," said Capt. Michael Fisher, dir., Operational Stress Control and Suicide Prevention branch. "This is part of a wide range of actions we are taking to help our Sailors. Doing this will boost our suicide prevention work that's ongoing Navy-wide."

The SAIL program started in the Pacific Northwest Region on Aug. 29, 2016, with a phased regional rollout plan scheduled for completion by the third quarter of fiscal year 2017 throughout the Navy.

The program is designed to provide rapid assistance, on-going risk assessment and support for Sailors who have exhibited suicide-related behavior and was inspired by the Marine Intercept Program (MIP), a suicide prevention project with similar goals.

Navy Suicide Prevention Branch (OPNAV N171) is partnering with Navy Bureau of Medicine (BUMED), Commander Navy Installation Command (CNIC), and SAIL Case managers who are serving as Fleet and Family Service Center (FFSC) counselors to run this new program.

Upon receiving information from



PHOTO BY MC2 JOHANS CHAVARRO

Boatswain's Mate 2nd Class Mark Bonner, vice president of the Pearl Harbor Coalition of Sailors Against Destructive Decisions (CSADD) chapter, participates in a Suicide Prevention Month gate awareness event at Joint Base Pearl Harbor-Hickam. The event was held to bring light to the Navy's Everyday Sailor, Every Day campaign, "I Small Act."

commands about a Sailor who has demonstrated suicide-related behavior, Suicide Prevention Coordinators (SPC) will work with CNIC, and in turn an FFSC case manager, whose responsibility will be to reach out to the individual Sailor to see if they would volunteer to participate in the SAIL program. Case managers will contact Sailors in the 90 days following suicide-related behavior.

Suicide Prevention is a cooperative Navy-wide effort that takes leadership engagement and awareness at all commands and

ranks. OPNAV, BUMED, CNIC work together to provide a range of resources to include: mental health treatment, spiritual counseling, personal wellness counseling, crisis intervention as well as financial education.

The Military Crisis Line offers confidential support for active duty and reserve service members and their families 24 hours a day, 7 days a week.

Call 1-800-273-8255 and Press 1, chat online at www.militarycrisisline.net or send a text message to 838255.

Bethesda Notebook

Healing Arts Exhibit

Artwork submissions for the Healing Arts Exhibit will be accepted until Oct. 7. The exhibit's opening is scheduled for Oct. 26 from 3 to 7 p.m. in the pavilion between the America Garage and Bldg. 19. For more information, contact Public Health Services Capt. Moira G. McGuire at 301-319-8755 or moira.g.mcguire.mil@mail.mil, or Jessica Simpson at 301-319-2896 or Jessica.l.shipman2.ctr@mail.mil.

Fleet, Family Support Center

The Fleet and Family Support Center (FFSC) on Naval Support Activity Bethesda offers programs intended to assist service members and their families with military life. FFSC's workshops and seminars include: job search strategies for military spouses; federal resume writing; time management; credit management; consumer financial awareness; interview skills; pre-deployment briefings; return and reunion briefings; and more. For more information, call 301-319-4087, or visit FFSC in Bldg. 11, first floor.

Morning Prayer

Chaplain (Army Lt. Col.) Joseph Ko leads a morning prayer every weekday morning from 6:30 to 6:50 a.m. (except holidays) in the hospital chapel (Liberty Building 8, first floor). Everyone is invited to attend. The service is also shown on the medical center's closed circuit "Flag Channel" (Channel 14) in most patient rooms.

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NSAB Hosts Suicide Prevention Town Hall

By Andrew Damstedt
The Journal

The pain that has been with Susan Kerrick for the past 10 years from her husband's suicide is now wrapped up in a metaphorical box and kept on a shelf – put away but easily accessible.

"That box is in a very convenient accessible shelf," Kerrick said. "It's very easy to take that box out and open it up after 10 years and just go through the whole thing. I tend to keep it put away, but it's very accessible."

Kerrick was part of a discussion at Naval Support Activity Bethesda's (NSAB) Suicide Prevention Town Hall Sept. 20 that included speakers who had lost family members to suicide as well as NSAB Chief of Police Col. Darryl Stanton, who has been a first responder on calls related to suicide. The speakers shared how they have dealt with their loss and provided suggestions on how to help those who have been affected by suicide.

Kerrick shared that her husband, a military physician, was getting treatment for depression, but his pain was great enough that the medication wasn't working as fast as he wanted.

"I was in the middle of someone who was ill, it's like a terminal illness, it's like a benign brain tumor," she said. "It may kill you; it may do nothing and you survive and live a wonderful life. Unfortunately, we had the former as opposed to the latter."

Nicole Busey shared the grief she experienced after her husband died by suicide in 2011.

"I couldn't understand why he couldn't talk with me," she said. "Why wasn't I a resource to him like he was to me? I think back and I think it's because he was military, he was taught to be strong and taught to be brave. He was defending his country. He should not be weak."

After he died, Busey said she was ashamed to tell people how because of his military background. Through her healing process, she said she learned to not be ashamed but to use available resources to help her cope with his death.

"We all have those moments where we are so close to the edge and giving up because that's life — it's hard," Busey said. "Some things just pile up on us and it becomes a lot. I would hate for your family members to just have to talk to a headstone to tell how they feel, or call your voicemail just to hear your voice."

Isabella Reyes-Varela said she felt guilty after her son died by suicide.

"What did I miss?" she said she asked herself. "So when I see his lifeless body – all the guilt, all the motherly instincts – you begin to



U.S. NAVY PHOTO BY MC3 WILLIAM PHILLIPS

Susan Kerrick, whose husband died by suicide in 2006, shares her story at Naval Support Activity Bethesda's Suicide Prevention Town Hall Sept. 20.

question, 'Was my love for you not enough for you to hold on, for you to forgive yourself, for you to love yourself?' There are never answers to these questions."

The first suicide call Stanton responded to as a medic is the one that has stayed with him throughout his career.

"You go in with the mindset of 'We're going to save this person,'" Stanton said. "All I'm thinking is 'I'm trained; I'm going to save this guy; I'm going to get him back.' After working on this guy which seemed like forever, you realize that this guy is not coming back, so you get a sense of helplessness. I wanted to ask this person 'Why? What is it that made you go through all this to get to this point?'"

Capt. Gary Clore, Commander, Navy Installations Command force chaplain, who moderated the town hall, said it can be difficult to talk about suicide.

"Sometimes you're afraid to talk about it because you don't want to offend someone who's walked through

the valley of shadow of death and they've experienced a very difficult moment," he said.

He said it's okay to talk about suicide and reminded the audience of the U.S. Navy's suicide prevention acronym ACT, which means Ask, Care Treat.

"You can ask 'Are you thinking of suicide?' Asking is a very important part," he said. "The other important part is to care ... The treating may begin with us, but we want to try to get them to go to someone who is a professional who can help them in a greater way."

NSAB Chaplain Christilene Whalen shared a story of talking to her then-10-year-old daughter who had asked her one day what would happen if she killed herself.

Whalen said she responded by saying, 'Well if you kill yourself, I'm going to be very sad. I'm going to cry and it's going to make me very upset ... I'm going to continue to cry for a while. Then we'll think about how you're missing your sweet 16 ... we're

going to think about how you missed your graduation party and how you missed going to college. I'm going to think about how you missed that wedding that I need to plan for you. I'm going to think about all these things that you missed."

She said that frank discussion with her daughter made a difference and she encouraged those in attendance to "talk real talk with each other."

The event, which counted as suicide prevention training, included two monologues performed by Army Sgt. Daryus Jenkins – one that ended with a person dying by suicide and another one that ended with someone who chose to live.

In addition to the discussion, the event featured a suicide prevention proclamation read by Warrior Transition Brigade Chaplain Gino Hernadez.

The military has a suicide prevention hotline, 1-800-273-8255 (press 1), text 838255, or visit www.militarycrisisline.net for a confidential chat.

Absentee Voter Tips for Military, Overseas Citizens

By DOD News

With less than two months until the general election on Nov. 8, absentee voters are beginning to receive their state ballots.

During Absentee Voting Week — Sept. 26 through Oct. 3 — the Federal Voting Assistance Program reminds military and overseas citizens to submit their ballot as soon as possible and to follow up to ensure that their ballot is received by their election office. Here are FVAP's top reminders for ensuring Americans vote successfully — wherever they are:

Know that your absentee ballot counts the same as ballots cast at the poll site

All ballots submitted according to state laws are counted in every election. The media often will report the projected outcome of an election before all of the ballots are counted. In a close election, the media may report the preliminary results or say that the outcome cannot be announced until after the absentee ballots are counted. However, all ballots, including absentee ballots, are counted in the official totals for every election — and every vote (absentee or

in-person) counts the same.

Check your state deadlines, instructions, and options

Each state sets its own deadlines for registering to vote and its options for how absentee ballots are sent to voters. States can also differ in their requirements and deadlines regarding how to complete and submit absentee ballots. Some states require ballots to be postmarked by Election Day while others must receive ballots by Election Day. FVAP.gov has your state's deadlines and requirements.

Postmark and send your ballot on time

Every election, states receive some absentee ballots past the deadline for acceptance — but this is easily preventable. Follow your state's specific deadlines and recommended mailing dates for returning your voted ballot. If you're a registered military or overseas voter and don't receive your requested state ballot early enough to submit it on time, you can go to the FVAP website and use the backup ballot called the Federal Write-In Absentee Ballot. Voters

who end up receiving a state ballot after submitting a FWAB should still complete and return it, as well. States only count your backup ballot if your voted state ballot is not received by the deadline.

Fill out your ballot and election materials correctly

Many states have specific requirements for signing the envelope or an affidavit enclosed with your ballot. Be sure to follow the instructions sent with your ballot to ensure it gets counted.

Check that your voted ballot reaches its destination.

If you're wondering if your vote made it home, check the status of your ballot by selecting your state at the FVAP website and contacting your election office directly.

Military and overseas voters who need to register or request a ballot can do so by filling out a Federal Post Card Application at the FVAP website — by hand or using the online assistant — and sending it to their election office.

For additional information on this election or any upcoming federal election

visit the FVAP website, email Vote@FVAP.gov or call 1-800-438-VOTE (8683).

Federal Voting Assistance Program

The Federal Voting Assistance Program is a Defense Department organization that works to ensure service members, their eligible family members, and overseas citizens are aware of their right to vote and have the tools and resources to successfully do so — from anywhere in the world.

FVAP assists voters through partnerships with the military services, Department of State, Department of Justice, and election officials from the 50 states, U.S. territories and the District of Columbia. State and local governments administer U.S. elections, including those for federal offices. FVAP supports state and local election officials by providing absentee voting information, materials, training and guidance.

Voters can contact FVAP's call center at 1-800-438-VOTE (8683), DSN 425-1584 or at vote@fvap.gov. Toll-free phone numbers from 67 countries are listed at the FVAP website. Find FVAP on Facebook at [facebook.com/DoDFVAP](https://www.facebook.com/DoDFVAP) and follow @FVAP on Twitter.

Blood Platelets: The body's blood dam

By Mark Oswell
WRNMMC Public Affairs

Human blood consists of four main components — white blood cells, red blood cells, plasma and platelets.

Blood platelets are small cells that serve as the clotting agent in the event blood vessels are damaged or broken. Platelets also serve in the clot retraction, ruptured blood vessel repair and defense mechanisms of blood.

The Need

As of September, the supply of blood platelets at Walter Reed National Military Medical Center was extremely low. "Since January, we have transfused 526 platelets," stated Navy Lt. Stephanie Golla, officer-in-charge, Armed Services Blood Bank Center at WRNMMC.

"Our trend over the last several weeks is that we are collecting only one donor per day," explained Golla. "Platelets have a very short expiration date of five days, so these products do not remain on the shelf for very long. When we cannot support the mission through collection we must obtain products from local civilian sources. These sources cost upward of \$1,000 per



ARMED SERVICES BLOOD PROGRAM PHOTOS

Army Capt. Paul Ambrose donates platelets at the Armed Services Blood Bank Center-Pacific Northwest on Joint Base Lewis-McChord in Washington.

platelet product."

According to the Armed Services Blood Program, platelet transfusions are needed every day by injured combat troops and patients with

life-threatening illnesses such as leukemia, anemia, cancer, and other diseases of the blood.

"All blood types are need, but type O blood is always in need,"

continued Golla. "This blood can be given to anyone, so that is what we use for emergency casualties on the battlefield. O Negative blood is used for babies, while a majority of the population has O Positive. While AB or A are the most desired blood type for platelets."

Platelet donations must be transfused within five days of collection.

The Process

Unlike a whole blood donation, one tube of blood is drawn prior to collection to see if the potential donor has a high enough platelet count to be a platelet donor. The interview/qualification process is basically the same.

The donor's blood will pass through a machine that will separate the platelets from the red blood cells, so that the red blood cells will be returned back into the donor. This makes the process longer than collecting whole blood, where a pint of whole blood is collected into a bag and then processed back at the donor center. As a result, this collection process can take up to

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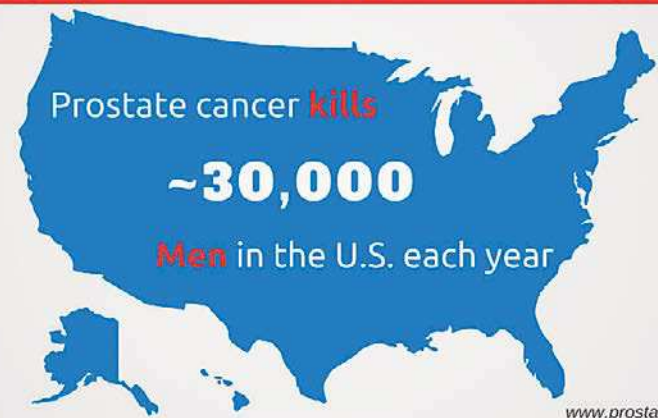
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September is Prostate Cancer Awareness Month



Raising Prostate Cancer Awareness: Are You At Risk?

By Jane Hudak, RN, Ph.D.
Center for Prostate
Disease Research

September is Prostate Cancer Awareness Month.

Following skin cancer, prostate cancer is the most common cancer in men in the United States. One in six men will develop prostate cancer in their lifetime. The risk of being diagnosed with prostate cancer increases to one in five men for African Americans, and one in three men if there is a family history of the disease.

Prostate cancer is also the second leading cause of cancer death in men, after lung cancer. According to the American Cancer Society, it is estimated that 180,890 new cases of prostate cancer will be diagnosed in the United States during 2016, and approximately 26,120 men will die from prostate cancer in 2016.

The exact reasons why men develop prostate cancer remain unknown. Certain factors may increase the chances of developing the disease. Some of the reasons may be genetics, diet, advancing age, or a combination of factors. Strategies to prevent prostate cancer have not been proven. Nevertheless, it is generally agreed that eating a healthy diet (limited animal fats and high consumption of fruits, vegetables and grains), exercising regularly, and maintaining a healthy body weight may be helpful in reducing men's chances of developing this disease.

The detection for prostate cancer is carried out by two simple tests: a rectal exam and a blood test for "PSA" or prostate specific antigen. The PSA test measures the level of PSA in the blood, a substance produced by the normal prostate. The PSA levels tend to be elevated in most prostate tumors. All men have some PSA in their blood, but an elevated PSA does not necessarily mean that a man has prostate

cancer. A prostate biopsy (tissue sample) confirms the presence of prostate cancer.

The medical community continues to debate the exact age at which men should begin testing or screening for the detection of prostate cancer. The American Urological Association (AUA) strongly supports that the decision to be tested for prostate cancer should be individualized and should include a discussion with a health care provider about the risks and benefits of testing, so men can make an informed decision about it. Based on the current AUA guidelines, it is recommended that screening be offered to men ages 55 to 69. Men younger than 55 or older than 69 who are concerned about their personal risk factors should talk with their physician about their need to be screened. Men who are at risk for prostate cancer (such as men with a family history of the disease, especially if the disease was diagnosed before age 60, and African American men) or men who have any concerns about developing prostate cancer are encouraged to talk with their physician, regardless of age.

In most cases, men with early prostate cancer have no symptoms. This fact highlights the importance of the PSA blood test and the rectal exam. The National Cancer Institute advises men to consult their physician if they notice any of the following symptoms:

- A need to urinate frequently, especially at night
 - Difficulty starting or stopping urination
 - Painful or burning urination
 - Difficulty having an erection
 - Painful ejaculation
 - Blood in the urine or semen
 - Frequent pain and stiffness in the lower back, hips or upper thighs
- Any of these symptoms can be

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caused by cancer or by other, less serious conditions.

For men who are diagnosed with prostate cancer, the Center for Prostate Disease Research (CPDR) conducts a unique and comprehensive, team-focused Multi-Disciplinary Prostate Cancer Clinic. This clinic is an all-day forum of physician consultations and educational sessions which provide men and their families with information about their prostate cancer so they can make an informed decision on the best treatment for them. Patients are seen by urologic oncologists, radiation oncologists, an andrologist (a urologist who specializes in male sexual health), social workers/clinical psychologists and nurses to discuss treatment options, management strategies for side effects of the treatments, and coping mechanisms to assist with the physical and emotional effects of prostate cancer.

Treatment for prostate cancer can take a number of different forms, depending on the patient's age, stage and grade of cancer, and the presence of other clinical conditions. Treatment options for prostate cancer include, but are not limited

to: active surveillance, surgery, and various types of radiation therapy. Hormone therapy may also be used in conjunction with radiation and as a treatment option for more advanced disease found to be outside the prostate. Chemotherapy can also be offered for patients with metastatic disease.

Col. Inger Rosner, Director of the CPDR, explained that the majority of patients today present to the Prostate Center with localized disease in which there are multiple treatment options for cure. Maj. Kevin Rice, Associate Director of CPDR, added that Walter Reed National Military Medical Center is the only DoD facility with the capability for MRI-infusion prostate biopsies which is enhancing diagnostic precision. The CPDR has a robust patient education program headed by Col. (Ret) Jane Hudak, RN, PhD, which features monthly information and support group meetings for men and their families dealing with prostate cancer, guest speaker programs, monthly newsletter, and "battle buddy" program.

The CPDR is located on the third floor of the America Building. Appointments are available by calling 301-319-2900. (A referral is not required). For more information, please contact Hudak at 301-319-2918 or jane.l.hudak.ctr@mail.mil.

PLATELETS

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two hours, compared to the 30 to 40 minutes needed to draw whole blood.

Once collected, the platelets are stored on an agitator (to keep from clumping) in a 20 to 24 degrees Celsius incubator for up to five days.

The Criteria to Donate

Most healthy adults who are eligible to donate whole blood can donate platelets, additional criteria include:

- Donors can donate every 48 hours,

but not more than two times per week or 24 times per year

- Donors cannot take aspirin or anti-platelet medication for 72 hours prior to donation
- Donors may not take ibuprofen for 24 hours prior to donation
- Donors must be willing to spend up to two hours sitting in a recliner chair as platelets are drawn

Platelets are collected at WRNMMC in "Apheresis" in Building 9, 1st floor (close to the Wedge). To schedule a donation, call: (301) 295-2104/2015; or schedule online through: www.militaryblood.dod.mil, and follow the instructions.



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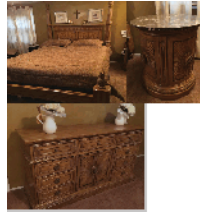
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